

INTERSTATE COMPACT ON THE PLACEMENT OF CHILDREN
REPORT ON CHILD'S PLACEMENT STATUS

TO:

From:

SECTION I: IDENTIFYING INFORMATION

Child's Name: _____ Birthdate: _____

Mother's Name: _____ Father's Name: _____

SECTION II: PLACEMENT STATUS

☐ Initial Placement of Child in Receiving State **Date Child Placed in Receiving State:** _____

Name of Resource: _____

Address: _____

Type of Care: _____

☐ Placement Change Effective Date of Change: _____

Name of Resource: _____

Address: _____

Type of Care: _____

SECTION III: COMPACT PLACEMENT TERMINATION

☐ Adoption Finalized: ☐ In Sending State ☐ In Receiving State ☐ Court Order Attached

☐ Child Reached Majority/Legally Emancipated

☐ Legal Custody Returned to Parent(s) ☐ Court Order Attached

☐ Legal Custody Given to Relative ☐ Court Order Attached

Name: _____ Relationship: _____

☐ Treatment Completed

☐ Sending State's Jurisdiction Terminated with the Concurrence of the Receiving State

☐ Unilateral Termination

☐ Child Returned to Sending State

☐ Child Has Moved to Another State

☐ Proposed Placement Request Withdrawn

Name of Placement Resource: _____

☐ Approved Resource Will Not Be Used for Placement

Name of Approved Placement: _____

☐ Other (Specify): _____

Date of Termination: _____

SECTION IV - SIGNATURES

Person/Agency Supplying Information: _____ Date: _____

Compact Administrator, Deputy or Alternate: _____ Date: _____

DISTRIBUTION (Complete Four (4) copies of this form):

- Sending Agency retains one (1) copy and forwards completed original plus three (3) copies to:
- Sending Compact Administrator, DCA, or alternate retains one (1) copy and forwards two (2) copies to:
- Receiving Agency Compact Administrator, DCA, or alternate retains one (1) copy and forwards one (1) copy to the receiving agency